DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

11130-09-30-2016-001 (Building #2) OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTIO | ON A – PROPERTY II | NFORM | IATION | | FOR INS | SURANCE COMPANY USE |
|---|--|-----------|-----------------------------------|-------------------------|----------------|--|
| A1. Building Owner's Name Bayspot Condominium Policy Number: | | | | umber: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 120 53 rd Street (Building #2 – see attached plan) | | | | | y NAIC Number: | |
| City State ZIP Code Ocean City Maryland 21842 | | | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel 6759 - Tax Map 113 | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | | | | |
| A5. Latitude/Longitude: Lat. | 38° 22' 41.6" Lo | ong. | 75° 04' 16.6" | Horizontal Datum: | □NAD | 1927 XNAD 1983 |
| A6. Attach at least 2 photographs | of the building if the C | Certifica | te is being used to | obtain flood insurance | · | |
| A7. Building Diagram Number | 8 | | | | | |
| A8. For a building with a crawlspace | ce or enclosure(s): | | | | | |
| a) Square footage of crawlspa | ace or enclosure(s) | see att | achment sq ft | | | |
| b) Number of permanent floor | d openings in the craw | /Ispace | or enclosure(s) with | nin 1.0 foot above adja | cent grad | le |
| . c) Total net area of flood oper | nings in A8.b | sq | in | | | |
| d) Engineered flood openings | ? | No | | | | |
| A9. For a building with an attached garage: | | | | | | |
| a) Square footage of attached | i garageN/A | s | q ft | | | |
| b) Number of permanent flood | d openings in the attac | ched ga | rage within 1.0 foot | above adjacent grade | | |
| c) Total net area of flood openings in A9.b sq in | | | | | | |
| d) Engineered flood openings? | | | | | | |
| | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Com Town of Ocean C | A THE OLD MICH. A SECRETARY AS INCIDENCE. THE DAY AND VISION AND ADDRESS AS A SECRETARY. | | B2. County Name | Worcester | | B3. State |
| | | | | | | Maryland |
| B4. Map/Panel B5. Suffix B Number | 6. FIRM Index Date | | RM Panel Effective/ vised Date | B8. Flood Zone(s) | | e Flood Elevation(s) (Zone use Base Flood Depth) |
| 24047 C 0064 H | 7-16-2015 | 7-1 | 16-2015 | AE | | 4 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: | | | | | | |
| FIS Profile | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source: | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? | | | | | | |
| Designation Date: CBRS OPA | | | | | | |
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| IMPORTANT: In these spaces, copy the corresponding i | FOR INSURANCE COMPANY USE | | | | |
|---|--------------------------------------|---------------------------|------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or It 120 53 rd Street (Building #2 – see attached plan) | Policy Number: | | | | |
| City State Ocean City Maryla | | | Company NAIC Number | | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction* XFinished Construction *A new Elevation Certificate will be required when construction of the building is complete. | | | | | |
| | | 180 | AE AB/A1 A20 AB/AU AB/A0 | | |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>DOWNS</u> Vertical Datum: NAVD 1988 | | | | | |
| Indicate elevation datum used for the elevations in ite | ms a) through h) below | /. | | | |
| ☐NGVD 1929 [X] NAVD 1988 ☐ Other/S | | | | | |
| Datum used for building elevations must be the same | as that used for the Bl | FE. | | | |
| a) Top of bottom floor (including basement, crawlspa | co or onclosuro floor) | 3.5 | Check the measurement used. | | |
| | ce, or enclosure noor)_ | | Theetmeters | | |
| b) Top of the next higher floor | 0/7 | 7.1 | X feetmeters | | |
| c) Bottom of the lowest horizontal structural memberd) Attached garage (top of slab) | (V Zones only) | N/A | feet meters | | |
| | | N/A | feetmeters | | |
| e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comn | | 5.2 | X feet meters | | |
| f) Lowest adjacent (finished) grade next to building (| LAG) | 4.0 | X feet meters | | |
| g) Highest adjacent (finished) grade next to building | (HAG) | 4.6 | | | |
| h) Lowest adjacent grade at lowest elevation of deck structural support | or stairs, including | 4.6 | | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. | | | | | |
| Were latitude and longitude in Section A provided by a lice | ensed land surveyor? | X Yes ☐ No | X Check here if attachments. | | |
| Certifier's Name Frank G. Lynch, Jr. | License Number Maryland #10782 De | laware #502 | | | |
| Title President OF MAA | | | | | |
| Company Name Frank G. Lynch, Jr. & Associates, Inc. | - Place | | | | |
| Address 10535 Racetrack Road | | | | | |
| City Berlin | State Maryland | ZIP Code 21811 | - NAL LAND SURFIE | | |
| Signature | Date 09/30/2016 | Telephone 410-641-5353 | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) 1. This certificate is strictly for the use of the building owner as named hereon. 2. See attached plan for enclosures and venting information. | | | | | |
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ELEVATION CERTIFICATE

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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 120 53 rd Street (Building #2 – see attached plan) City Ocean City Maryland State ZIP Code 21842 Company NAIC Number | | | | | |
|---|-----|--|--|--|--|
| - Turne Transor | | | | | |
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| SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) | | | | | |
| For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. | | | | | |
| E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement, | | | | | |
| crawlspace, or enclosure) is feetmetersabove orbelow the HA b) Top of bottom floor (including basement, | ۱G. | | | | |
| crawlspace, or enclosure) is feetmetersabove orbelow the LA | G. | | | | |
| E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is feetmetersabove or below the HA | ΔG | | | | |
| E3. Attached garage (top of slab) is feetmetersabove orbelow the HA | | | | | |
| E4. Top of platform of machinery and/or equipment | | | | | |
| servicing the building is feetmetersabove orbelow the HA | .G. | | | | |
| E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G | | | | | |
| SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION | | | | | |
| The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. | | | | | |
| Property Owner or Owner's Authorized Representative's Name | | | | | |
| Address City State ZIP Code | | | | | |
| Signature Date Telephone | | | | | |
| Comments | | | | | |
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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | | |
|--|---|--------------------------|--|--|--|--|
| Building Street Address (including Apt., Unit, St 120 53 rd Street (Building #2 – see attached pla | Policy Number: | | | | | |
| City State ZIP Code Ocean City Maryland 21842 | | | Company NAIC Number | | | |
| SECTION G - COMMUNITY INFORMATION (OPTIONAL) | | | | | | |
| The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. | | | | | | |
| G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) | | | | | | |
| G2. A community official completed Section or Zone AO. | on E for a building located | in Zone A (without a FEN | /IA-issued or community-issued BFE) | | | |
| G3. The following information (Items G4– | G10) is provided for comm | unity floodplain manager | nent purposes. | | | |
| G4. Permit Number | G5. Date Permit Issued | | Date Certificate of Compliance/Occupancy Issued | | | |
| G7. This permit has been issued for: New Construction Substantial Improvement | | | | | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: | | | eet | | | |
| G9. BFE or (in Zone AO) depth of flooding at the building site: | | | et meters Datum | | | |
| G10. Community's design flood elevation: | | fe | et meters Datum | | | |
| Local Official's Name Title | | | | | | |
| Community Name | Te | elephone | | | | |
| Signature | Di | ate | | | | |
| Comments (including type of equipment and loc | Comments (including type of equipment and location, per C2(e), if applicable) | | | | | |
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| | | | Check here if attachments. | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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| IMPORTANT: In these spaces, con Building Street Address (including A | FOR INSURANCE COMPANY USE Policy Number: | | | |
|---|--|-------------------|---------------------|--|
| 120 53 rd Street (Building #2 – see a | 2 | | | |
| City Ocean City | State Maryland | ZIP Code 21842 | Company NAIC Number | |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Front View of #120 53rd Street (Building #2 – see attached plan) on 9-30-2016.



Rear View of # 120 53rd Street (Building #2 – see attached plan)on 9-30-2016.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

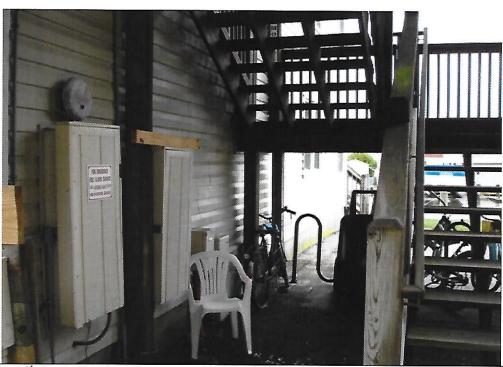
Continuation Page

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|--|--|--|--|--|
| IMPORTANT: In these spaces, o | FOR INSURANCE COMPANY USE Policy Number: | | | |
| Building Street Address (includin 120 53 rd Street (Building #2 – se | | | | |
| City Ocean City | 211 0000 | | | |
| | | | | |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Right Side View of #120 53rd Street (Building #2 - see attached plan) on 9-30-2016.



Left Side View of #120 53rd Street (Building #2 – see attached plan) on 9-30-2016.

